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Testimony of the
Connecticut State Medical Society
in support of
H.B. 5392 An Act Concerning the State Response to a Declared State of Emergency

Public Safety and Security Committee
March 6, 2012

Senator Hartley, Representative Dargan and members of the Public Safety and Security Committee, thank you for the opportunity to present this testimony on behalf of the Connecticut State Medical Society (CSMS) and its more than 7,000 physician and physician-in-training members. My name is Audrey Honig Geragosian, and I am the CSMS director of communications as well as the CSMS staff assigned to the physician Committee on Disaster Preparedness. CSMS supports HB 5392, An Act Concerning the State Response to a Declared State of Emergency, and respectfully offers some suggestions which might be addressed in a state Emergency Preparedness Plan (EPP) in the interest of providing seamless medical care to Connecticut patients.

By way of background, for the past four years, the CSMS Committee on Disaster Preparedness, chaired by Dr. Theodore Zanker of New Haven, has worked to identify opportunities where it might assist state agencies and planners looking at emergency scenarios. A common theme has emerged in templates that stem from the federal government: these plans do not reflect the way medical care is delivered in Connecticut. In our state, more than 80% of physician practices are solo practices or have fewer than five physicians. Contrary to the assumptions of federal disaster planners, medical care does not flow down from hospitals: it flows up from hundreds of small practices found in every community. As such, when emergencies occur, community physicians and their staffs are on the front lines of delivering medical care. These physicians are rarely tied into hospital-based emergency-planning databases. In addition, few community physicians are signed up or trained to serve in the local Medical Reserve Corps.

The legislation before you today specifies state agencies and "Community Response Teams" work on the Emergency Preparedness Plan. In the interest of developing a plan where those providing medical care in the state are appropriately represented as part of the "workforce" in Section 1(1), CSMS would request inclusion among the partners working on the Emergency Preparedness Plan.

As the state's largest physician organization, and one that works with the state's other physician specialty societies, CSMS has been pleased to work closely with the Department of Public Health to support its communications efforts to the state's physicians. During the 2009 H1N1 outbreak, for example, CSMS used its communications network to transmit critical information to community physicians effectively and in real time using its email database, blastfax system and website. CSMS also developed and distributed patient handouts that were used by medical practices, public health departments, the news media – and even this General Assembly's website -- to assist those caring for others with H1N1.

Such communications outreach is only as good as the information in its database. It has come to our attention however, that DPH is not authorized to require physicians to provide email and mobile-phone contact information at license renewal. This information – and authorization for DPH to share the information with duly authorized partners such as CSMS – is critical to the ability to reach all the physicians who need to be reached with information they need. CSMS would submit that regulations authorizing this would fall under Section 1 (1).

In addition, the two major storms that affected Connecticut in 2011 brought to light the disruption of medical care for thousands of Connecticut patients when physician offices lost power and telephone service. This created a threat to the health of many patients who found themselves in need of prescription refills but who could not reach their physicians, or their physicians could not access necessary systems to provide services. In the absence of a formal state process to address this situation, CSMS found it necessary to step in to communicate directly with health insurance companies to ascertain the appropriate procedures to assist physicians in helping patients obtain medications. Absent the involvement of CSMS in October, thousands of physicians would not have received information from at least three of the state's health insurers, and hundreds of patients would not have received extensions on their medications or authorization for medication during this emergency. CSMS both obtained this information and actively disseminated it throughout the physician community using available channels including social media. Clearly, from this example, it is important that any new state Emergency Preparedness Plan include procedures for prescription authorizations when Connecticut is under a declared State of Emergency.

CSMS stands ready to work with any state agency or organization to use its reach within the physician community to prepare for a declared State of Emergency. We appreciate the intent of the legislation and look forward to assisting in any way we can to ensure Connecticut patients receive the quality medical care they need when they need it.